State of California—Health and Welfare Agency

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Department of Health Services Toxic Substances Control Division Secremento, California

| À | UNIFORM HAZARDOUS 1. Generator's US EPAID No. WASTE MANIFEST C \(\Lambda \) \(\lambda \ | Manifest Document No. | 2. Page 1 of 1 | informa is not | tion in | the shaded areas red_by_Federal | | |
|-----------------------|--|--------------------------|---|---|-----------------|------------------------------------|--|--|
| | 3. Generator's Name and Melling Address Label House 9852 Dupree, So. El Monte, CA | | | A State Manifest Document Number 86534778 B. State Generators 10 4348 | | | | |
| | 4. Generator's Phone (818) 444-7755 5. Transporter 1 Company Name Omega Recovery Services CA DO 4 22 4 50 0 1 | | | C. State Transporter's ID 70/737 D. Transporter's Phone 213/698-099 | | | | |
| | 7. Transporter 2 Company Name 8. US EPA ID Number | | | E. State Transporter's ID F. Transporter's Phone | | | | |
| | 9. Designated Facility Name and Site Address 10. USEPA II. Omega Recovery Services 12504 E. Whittier Blvd. | | G. State Facility's ID CAD042245001 H. Facility's 2169/698-0991 | | | | | |
| | Whittier, CA 90602 | C A DO 4 2 245 001 | | | tainers 13. 14. | | | |
| G | 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | No. | Туре | Total Quantity | Unit Wt/Vol | Waste No. | | |
| E X H R | Waste ORM-A NOS NA 1693 ORM-A (Flexosolvent) | 0 04 | DM OC | 1120 | G | 211 | | |
| A T O R | b . | | | 1 1 1 | | | | |
| | c. | | | 1 1 1 | | | | |
| | d. | | | 1 1 1 | | | | |
| | PErchhoroethylene N-Butanol & Photo Resin 15. Special Handling Instructions and Additional information | | | | | | | |
| • | 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree i have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. Printed/Typed/Name Signature Month Day Year LAMA LAMA | | | | | | | |
| T R A N S | 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name T. S. A.H. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | | | | | |
| P O H T E | 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signature | | | Jr | | Month Day Yea | | |
| R F A C 1 L | 19. Discrepancy Indication Space | | | | | | | |
| Ť | 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered Printed/Typed Name Signature | by this manifest | except as n | oted in ite | m 19. | Month Day Yea | | |

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